

## SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Fluid Recovery Services – Franklin Facility  
Municipality: Cranberry Township County: Venango  
Watershed: 16-G  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0101508 – Amendment No. 1 Outfall No.: 001  
Renewal application due **180 days** prior to expiration  
This permit will expire on February 28, 2014

| Day | Effluent Parameters |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
|-----|---------------------|-----|----|------|-----|------|------------------------|------|----------------|------|---------------|------|------------------|------|--------------|------|--------------|------|
|     | Flow                |     | pH |      | TSS |      | Total Dissolved Solids |      | Oil and Grease |      | Total Acidity |      | Total Alkalinity |      | Total Barium |      | Total Copper |      |
|     | Q                   | MGD | Q  | S.U. | Q   | mg/L | Q                      | mg/L | Q              | mg/L | Q             | mg/L | Q                | mg/L | Q            | mg/L | Q            | mg/L |
| 1   |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 2   |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 3   |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 4   |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 5   |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 6   |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 7   |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 8   |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 9   |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 10  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 11  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 12  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 13  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 14  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 15  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 16  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 17  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 18  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 19  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 20  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 21  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 22  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 23  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 24  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 25  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 26  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 27  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 28  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 29  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 30  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| 31  |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |
| Avg |                     |     |    |      |     |      |                        |      |                |      |               |      |                  |      |              |      |              |      |

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Fluid Recovery Services – Franklin Facility  
Municipality: Cranberry Township County: Venango  
Watershed: 16-G  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0101508 – Amendment No. 1 Outfall No.: 001  
Renewal application due **180 days** prior to expiration  
This permit will expire on February 28, 2014

| Day | Effluent Parameters |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
|-----|---------------------|------|--------------|---------|-----------------|------|----------|---------|---|--|---|--|---|--|---|--|
|     | Total Iron          |      | Total Silver |         | Total Strontium |      | Chloride |         |   |  |   |  |   |  |   |  |
|     | Q                   | mg/L | Q            | lbs/day | Q               | mg/L | Q        | lbs/min | Q |  | Q |  | Q |  | Q |  |
| 1   |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 2   |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 3   |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 4   |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 5   |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 6   |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 7   |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 8   |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 9   |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 10  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 11  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 12  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 13  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 14  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 15  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 16  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 17  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 18  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 19  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 20  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 21  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 22  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 23  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 24  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 25  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 26  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 27  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 28  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 29  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 30  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| 31  |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |
| Avg |                     |      |              |         |                 |      |          |         |   |  |   |  |   |  |   |  |

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

## SUPPLEMENTAL REPORT – CHEMICAL ADDITIVES USAGE

Facility Name: Fluid Recovery Services – Franklin Facility  
Municipality: Cranberry Township County: Venango  
Watershed: 16-G

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0101508 – Amendment No. 1 Outfall No.: \_\_\_\_\_  
Renewal application due **180 days** prior to expiration  
This permit will expire on February 28, 2014

| Day     | Chemical Names* |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
|---------|-----------------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|
|         | gallons         | lbs | gallons | lbs | gallons | lbs | gallons | lbs | gallons | lbs | gallons | lbs | gallons | lbs | gallons | lbs |
| 1       |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 2       |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 3       |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 4       |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 5       |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 6       |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 7       |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 8       |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 9       |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 10      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 11      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 12      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 13      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 14      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 15      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 16      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 17      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 18      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 19      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 20      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 21      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 22      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 23      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 24      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 25      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 26      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 27      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 28      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 29      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 30      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| 31      |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| Average |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |
| Maximum |                 |     |         |     |         |     |         |     |         |     |         |     |         |     |         |     |

\*If reporting chemical use in gallons, indicate the % by weight of the chemical in solution in parentheses in the Chemical Name (e.g., CT-1 (10%)).

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 NPDES Permit No.: PA0101508 – Amendment No. 1  
 Renewal application due **180 days** prior to expiration  
 This permit will expire on February 28, 2014

Total:

Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). **Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.** If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Fluid Recovery Services – Franklin Facility

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Municipality: Cranberry Township County: Venango

Permit No.: PA0101508 –  
Amendment No. 1

☐ **Violations of Permit Effluent Limitations\***

| Date | Parameter | Permit Limit | Units | Statistical Code | Result | Units | Cause of Violation | Corrective Action Taken |
|------|-----------|--------------|-------|------------------|--------|-------|--------------------|-------------------------|
|      |           |              |       |                  |        |       |                    |                         |
|      |           |              |       |                  |        |       |                    |                         |

☐ **Sanitary Sewer Overflows and Other Unauthorized Discharges\***

| Event Date | Substance Discharged | Location | Volume (gals) | Duration (hrs) | Receiving Waters | Impact on Waters | Cause of Discharge | Date DEP Notified |
|------------|----------------------|----------|---------------|----------------|------------------|------------------|--------------------|-------------------|
|            |                      |          |               |                |                  |                  |                    |                   |
|            |                      |          |               |                |                  |                  |                    |                   |

☐ **Other Permit Violations\***

- |                          |   |         |       |
|--------------------------|---|---------|-------|
| <input type="checkbox"/> | Sample collection less frequent than required | Explain | _____ |
| <input type="checkbox"/> | Sample type not in compliance with permit     | Explain | _____ |
| <input type="checkbox"/> | Violation of permit schedule                  | Explain | _____ |
| <input type="checkbox"/> | Other   | Explain | _____ |
| <input type="checkbox"/> | Other   | Explain | _____ |

**\* If the space provided is not sufficient to record all information, please attach additional sheets.**

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



# SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

|  |                        |                 |  |  |  |           |  |
|--|------------------------|-----------------|--|--|--|-----------|--|
| <b>Permittee Name:</b> <u>Fluid Recovery Services, LLC</u> |                        |                 |  |  |  |           |  |
| <b>Address:</b> <u>P.O. Box 232</u>                        |                        |                 |  |  |  |           |  |
| <u>Creekside, PA 15732</u>                                 |                        |                 |  |  |  |           |  |
| <b>PERMIT NUMBER</b>                                       |                        |                 |  | <b>MONITORING PERIOD</b><br>Year/Month/Day |  |           |  |
| PA0101508 – Amendment No. 1                                |                        |                 |  |  |  | <b>TO</b> |  |
|  |                        |                 |  |  |  |           |  |
| <b>PARAMETER</b>   | <b>ANALYSIS METHOD</b> | <b>LAB NAME</b> |  | <b>LAB ID NUMBER<sup>2</sup></b>           |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |
|  |                        |                 |  |  |  |           |  |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fine and imprisonment for knowing violations.

**Name/Title Principal Executive Officer**
**Phone:** \_\_\_\_\_

**Signature of Principal Executive Officer or  
Authorized Agent**
**Date:** \_\_\_\_\_

<sup>1</sup> Submit this form with the first Discharge Monitoring Report (DMR) or Annual Report, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab(s), parameter(s) or method(s) of analysis.

<sup>2</sup> For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.